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Overall, the passage of these two resolutions underscores strong support for PHPs and the PHP model among our state delegations. You have done well in demonstrating your value to the profession,

and that could not have been more in evidence at this year's annual meeting. Please continue to cultivate those relationships with your state medical associations and your AMA delegates so we may enjoy their support for years to come!

In gratitude,  
Chris Bundy, MD, MPH ■

## 2022 EDUCATION CONFERENCE LECTURE SUMMARIES

### OVERCOMING STIGMA AND BIAS: THE TENNESSEE PROFESSIONAL SCREENING QUESTIONNAIRE (TN-PSQ)

Michael Baron, MD, MPH, DFASAM, Brenda Williams-Denbo, BA, and Laura Hoffman, BA



Michael Baron, MD,  
MPH, DFASAM



Brenda Williams-  
Denbo, BA



Laura Hoffman, BA

#### Overview

Our presentation set out to share our experience with the Tennessee Medical Foundation (TMF) utilization of the AFSP's Interactive Screening Program platform with other Physician Health Programs. We wanted a way to reach our licensees that would decrease the stigma of getting mental health help and that would be proactive, user-friendly and all-inclusive, anonymous and confidential, and economical.

Under state law, the TMF must operate as a Quality Improvement Organization, not as a treating entity. To maintain that status and for liability insurance reasons, we had to separate the TMF from the TN-PSQ. Thus, it was named the TN-PSQ and not the TMF-PSQ, and we utilize an outside psychiatric services practice to staff the site, respond to screened individuals, and work with them on further help and referrals.

The site launched in February 2020, just before the widespread outbreak of COVID-19. We believe now the timing was providential—the pandemic seemed to drive health professionals to the site once they learned about it.

#### AFSP Platform

American Foundation for Suicide Prevention's Interactive Screening Program (ISP): ISP is an online program that identifies people at risk and connects them with available mental health services before crises emerge. Developed in 2001, it now operates at 160 institutions and organizations across the country; more than 50 are serving healthcare providers or those in training. The TMF was first PHP to join. To date it has connected over 200,000 people to professional mental health support.

The ISP is customized for each organization but allows participants to **anonymously** take a brief evidence-based screening (includes the PHQ-9) for stress, depression, burnout, and other mental health concerns. Screening participants receive a personalized response from a mental health professional with the option to dialogue further to receive recommendations on services, resources, and referrals in their community.

#### TMF Experience

The TN-PSQ has turned out to be the proactive resource we were looking for. It breaks through the barriers to seeking help, including confidentiality, stigma, career implications, and a lack of time and money. Our two-year results were the following:

- 408 health professionals screened
- 301 reviewed Managed Healthcare Professional (MHP) response (73.8%)
- 96 dialogued with MHP (31.9%)
- 69 requested appointment or referral (71.9%)
- More than half screened at the high distress level, with nearly 20 percent experiencing suicidal thoughts.

The TMF investment for the program was affordable. Final costs, less the amounts of grants for the program, totaled less than \$6,000 annually.

Benefits for screened participants included privacy and confidentiality; choice, with a voluntary screening;

engagement and connection with a caring mental health professional with expertise in the field; and no cost, since the resource is funded by TMF donors.

For the TMF, benefits include mission fulfillment; innovation with a 24/7 resource that checks the wellness/mental health boxes for healthcare leaders; enhancement of TMF credibility with health professionals and organizations; and the opportunity to rekindle or establish partnerships because of this new, free, interactive resource. We've been able to obtain new funding and grants due to the TN-PSQ as well.

TN-PSQ Information:

- Direct Link: <https://tn.providerwellness.org>
- TMF Landing Page and FAQs: <https://e-tmf.org/tnpsq>

For a demo of the ISP platform, visit <https://connectsyou.org>. ■

## ADDRESSING WELL-BEING, BURNOUT, IMPAIRMENT, AND THE STIGMA SURROUNDING MENTAL HEALTH

**Colin P. West, MD, PhD, FACP**

Burnout and other forms of distress are common among healthcare professionals. These challenges to well-being have only been exacerbated by the COVID-19 pandemic, and documented mental health care needs have increased among physicians since the onset of this public health crisis. The consequences of physician burnout affect every stakeholder in society, with adverse impacts on patients, families, physicians themselves, and the healthcare system as a whole.

These issues should be viewed through the lens of system limitations rather than blaming individual physicians, who are actually remarkably resilient despite their high levels of burnout symptoms. That said, there are useful solutions at both individual and organizational levels. These have been well summarized by groups such as the National Academy of Medicine. To promote system-level efforts, physician well-being should be thought of as a quality marker for a practice's performance and as a necessity for patient needs to be optimally met.

A final key message is that stigma around help-seeking for mental health issues is prevalent among physicians and serves as a barrier to accessing needed support. This stigma is heightened by burnout experiences.



**Colin P. West, MD, PhD, FACP**

Policy modifications are necessary to remove threats to physician careers such as when licensing applications ask about histories of treatment for mental illness rather than about the more appropriately relevant issues of current impairment that affect clinical practice. This example further illustrates how solutions to promote well-being must act across all levels of the healthcare system, from individuals to their practices to state and national policies affecting mental health. ■

## TOP TEN PAPERS IN PHYSICIAN HEALTH: A PRESENTATION BY THE FSPHP RESEARCH COMMITTEE

**Paul H. Earley, MD, and Pamela A. Rowland, PhD**

In the 1970s, Jane Brody of the *New York Times* labeled physicians, "Gods in white coats with silver necklaces," and many agreed. Then in the 1990s, those stethoscopes began to tarnish. The *New York Times Magazine*, with a 1.6 million circulation, began to publish stories of physicians with serious alcohol and sexual abuse problems. The public learned that doctors have problems and programs are available that are designed to help them. *The Economist* (2015) published profiles of Congressional scientific hearings stating that a significant amount of published research was useless, lacked quality control protocols, was considered fraudulent by many professionals, and was fueled by pressures of "publish/perish" expectations. Although not scientific journals, these articles had an impact on public opinion and influence. *Nature*, a scientific journal, states that "an inherent principle of publication is that others should be able to replicate and build on the authors' published claims."

An opinion article in *JAMA* by the Council on Mental Health, "The sick physician: Impairment by psychiatric disorders, including alcoholism and drug dependence," started our field in 1973. Our goal in 2022 is to compile ten significant articles for those new to the field of PHPs, as conflicts about research quality, influence, integrity, and reproducibility continue.



**Paul H. Earley, MD**



**Pamela A. Rowland, PhD**

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